

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Complete if Known

(Use as many sheets as necessary)

1

of

1

Filing Date

First Named Inventor

Art Unit

Examiner Name

Attorney Docket Number

INA-25

[illegible]

| FOREIGN PATENT DOCUMENTS | | | | | | |
|--------------------------|-----------------------|------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|------------------------------------------------------------------------------|----------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ -Number ⁴ -Kind Code ⁵ <i>(if known)</i> | | | | |
| /TRH/ | | DE 8803970 U | 05-26-1988 | | | |
| /TRH/ | | FR 1083678 A | 01-11-1955 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

02/11/2008

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.